

INTRODUCTION

Adult Head Injury (AHI) Program

Purpose

The AHI Program provides assistance in locating, coordinating and purchasing rehabilitation and psychological services for individuals who are twenty-one (21) to sixty five (65) years of age, and who have survived a traumatic brain injury (TBI). RSMo Section 192.735 defines TBI as "a sudden insult or damage to the brain or its coverings, not of a degenerative nature. Such insult may produce an altered state of consciousness and may result in a decrease of one (1) or more of the following: mental, cognitive, behavioral, or physical functioning resulting in partial or total disability. Cerebral vascular accidents, aneurysms and congenital deficits shall be specifically excluded from this definition."

The AHI Program provides services of two types:

- **Service Coordination and**
- **Rehabilitation Services.**

1) Service coordination is free of charge to all individuals who are medically eligible regardless of income.

Service coordination includes:

- Evaluation and assessment of needs;
- Information and education about the cause and effects of TBI and preventing secondary conditions;
- Development of a service plan to meet the identified needs; and
- Assistance in locating and accessing resources and services such as medical care, housing, counseling, transportation, rehabilitation, vocational training, and cognitive/behavioral training.

2) Rehabilitation services as listed in this manual are available to individuals who are medically eligible and whose income is 185% of Federal Poverty Guidelines or lower. Certain limitations apply and this manual outlines operational procedures for use of Department of Health and Senior Services (DHSS) AHI funds.

The AHI Service Coordinator will assist the client to apply for any other payment resources before submitting requests for use of AHI funds to purchase these services, since it is a requirement that the client utilize other resources first.

- When DHSS funds are used to purchase services, costs of the proposed rehabilitation services will be projected;
- Services will be initiated only when adequate funds are available to achieve an expected outcome goal; and

- When the demand for services exceeds available funds, the AHI Program will implement a waiting list for services.

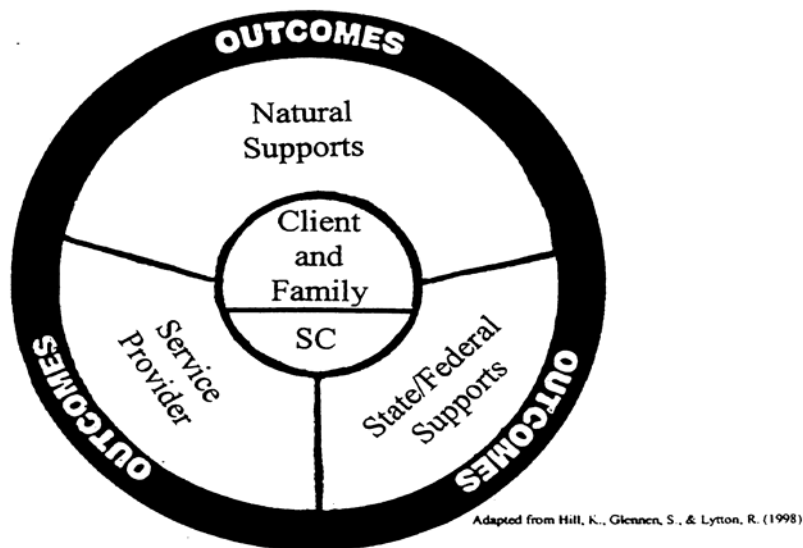
History

The AHI Program was created in 1985 when the Missouri General Assembly appropriated \$500,000 for community services for individuals with TBI and their families. Funds are appropriated annually by the legislature.

DHSS put into place two AHI Service Coordinators dedicated to the AHI Program in 1994. This allowed the beginnings of a case management service delivery system. In FY99, statewide coverage became a reality with a service coordination team of eight (8) specialized TBI AHI Service Coordinators. There are currently ten (10) TBI AHI Service Coordinators located throughout Missouri (See service coordination map for service areas).

Service Delivery Model

The AHI Program is neither an entitlement program nor an entitlement to lifelong care and treatment. Special Health Care Needs (SHCN) utilizes a person-centered approach that places the AHI Service Coordinator with the participant and family at the center of the assessment, planning, and service delivery efforts for each individual. Just-in-time, rehabilitative services shall be scheduled around the client/family's goals and resources thereby enhancing the individual's opportunity to achieve a successful outcome of community integration and a productive lifestyle.



Role/Responsibility of the AHI Service Coordinator

The AHI Service Coordinator is the entry point into AHI Program. Upon referral, each participant is assigned an AHI Service Coordinator, based on the individual's county of residence. The AHI Service Coordinator assesses the participant's immediate needs and assists the individual to access resources that may be available, such as public programs or natural supports.

The AHI Service Coordinator, together with the individual and family, develops a SHCN Service Plan. The Service Plan outlines a long-term projected outcome goal, such as return to work or independent living, and the steps to achieve this goal. These steps may include referral for any public programs, development of skills through rehabilitative services or development of other supports that will assist the individual to reach the maximal level of independent community functioning. The AHI Service Coordinator documents the Service Plan and assures that the client and family wishes are included in the plan.

Together the AHI Service Coordinator and the family identify key people to form the Person-Centered Planning Team. The planning team that works with the individual should always include: the participant, the AHI Service Coordinator, involved family member(s), significant other(s), and/or the legal guardian. Other members will be added at appropriate times given changing needs as the participant moves through services toward functional independence. The AHI Service Coordinator actively assures the ongoing coordination and functioning of the planning team. The AHI Service Coordinator assures that at least an annual review of the Service Plan is scheduled. The AHI Service Coordinator also assures that a transition plan is in place when unmet needs continue beyond the scope of the AHI Program.

Provider Enrollment and Role/Responsibility

The Provider must meet certain qualifications to be enrolled with SHCN to provide Head Injury rehabilitative services. These qualifications and the process for enrollment are listed elsewhere in this manual. The Provider is an active member of the planning team while involved with an individual, and as such is expected to collaborate with the entire team. Collaboration across programs and services is a key component of the person-centered service delivery model, and requires effective and timely communication between all agencies and participants involved.

Purpose of the Provider Manual

The Provider Manual outlines operational guidelines for participating in the AHI Program, and use of DHSS funds for rehabilitative services. The manual is divided into the following sections:

- Introduction;
- Services Mission, Philosophy and Values;
- General Program Guidelines;
- Program Entry Procedures;
- Rehabilitation Services Available;
- Billing/Claims Procedures;
- Provider Enrollment Procedures; and

- Appendices.

The Provider Manual is reviewed for changes by DHSS staff. Providers will be notified of any revisions to the Provider manual. The Provider Manual is available on the Adult Head Injury website.

Communication

Communication from DHSS may occur through a variety of methods. To assure that the Provider receives communications in a timely manner, the Provider should identify a contact person to receive program-related information. The Provider should specify if the contact person is at a different location than the main address/billing location.

Examples of the types of expected communications are listed below:

<u>Regular Mail</u>	Implementation of a waiting list; copy of response to Prior Authorization request; significant procedural changes, that affect all providers; notification of the annual meeting;
<u>Phone</u>	Specific client questions/concerns or procedural questions;
<u>Fax</u>	Early responses to Prior Authorization requests (see Prior Authorization Procedures); and
<u>Web</u>	General Program informational updates.